

**CITY OF HAZARD  
OCCUPATIONAL LICENSE FEE RETURN**

FEDERAL ID #  	OR		
	FISCAL YEAR ENDED		
	MO.	DAY	YR.
HAZARD LICENSE #  			

1. Nature of Business <u>PROFESSIONAL SVCES</u>	5. Check which: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Owner	<input type="checkbox"/> Fiduciary <input type="checkbox"/> Other
2. If Organization was Discontinued, state when <input type="checkbox"/> Dissolution <input type="checkbox"/> or Sale if by Sale, give Name and Address of Successor	6. Basis on which this Return is Prepared - <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
3. Did you have any employees in the current year? NO	7. Have Federal Authorities changed the Net Income as originally reported for any prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has Hazard License Fee Been Withheld from all Subject Employees, Employees, and Remitted Quarterly in accordance with the Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No, if answer is "No" explain:	8. List additional Place of Business if included in this return	

SCHEDULE A			
1. Total Income per Federal Return Form	1040	1041	1065 1120
2. Total deductions per Federal Return Form			
3. Net Income per Federal Return			
4. Add Items not deductible (Schedule B)			
5. Total (Line 3 plus Line 4)			
6. Deduct Item not Subject (Schedule B)			
7. ADJUSTED NET INCOME (Line 5 less Line 6)			\$
8. Enter here Average Percentage allocable to Hazard (Schedule C, Line 4)			%
9. Net Profit subject to Hazard License Fee (Line 7 X Line 8)			
10. Hazard license fee due, 1.25% (.0125) of amount on Line 9 up to \$60,000 plus .50% (.005) of amount on Line 9 above \$60,000			
11. Minimum license fee (including loss returns)			50.00
12. Enter greater of Line 10 or Line 11			
13. Add: Interest - 1/2 of 1% per month or portion of month (.005)			
14. Add: Penalty - 10% of license fee			
15. Less: Credits _____ Estimates _____			
16. BALANCE DUE (Sum of Lines 12 through 15) PAY THIS AMOUNT			\$

SCHEDULE B	
NOTE: ADD AND OR DEDUCT ONLY ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN	
A. State or Local taxes based on income	H. Interest on Corporate Bonds \$
B. License Fee Under this Ordinance	I. Interest on U.S. Government Securities
C. Capital Loss	J. Royalties on Patents, Copyrights
D. Net Operating Loss Deduction	K. Dividends
E. Partner's Salaries (attach schedule)	L. Capital Gain
F. Other Items (list)	M. Other Items (list)
G. TOTAL ADDITIONS (enter on Line 4)	N. TOTAL DEDUCTIONS (enter on Line 6) \$

SCHEDULE C			
Business Allocation Percentage - Divide (Col A by Col B to obtain decimal. Carry out at least 6 places.)			
	COL A	COL B	COL C
	CITY OF HAZARD	TOTAL FACTOR	PERCENTAGE
1. BUSINESS RECEIPTS/SALES			
2. TOTAL WAGES, SALARIES AND OTHER PERSONAL SERVICE COMPENSATION			
3. TOTAL PERCENTS			
4. AVERAGE PERCENTAGE (Line 3 Divided by number of percents)			Enter on Line 8

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

RETURN MUST BE SIGNED

Signature of Individual Preparing Return	Date	Signature of Taxpayer	Date
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MAKE CHECK PAYABLE TO OCCUPATIONAL TAX ADMINISTRATOR, CITY OF HAZARD, KENTUCKY

Mall To: City of Hazard  
License Fee Division  
P.O. Box 420  
Hazard, Kentucky 41702-0420